

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000195

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 5

FILED JAN 21 1963

1. PLACE OF DEATH

a. COUNTY Benton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WARSAW

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION —

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO b. COUNTY Benton

c. CITY OR TOWN WARSAW Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) — Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First Middle Last
James Royce Hayes

4. DATE OF DEATH Month Day Year
Jan 17 1963

5. SEX
MALE

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Mar 1, 1940

9. AGE (last birthday) 22 IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
New Mexico

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Joe M. Hayes

13b. MOTHER'S MAIDEN NAME

NETA VICK

14. NAME OF HUSBAND OR WIFE

never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)
No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Address
Joe M. Hayes - Warsaw, Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

SEPSIS

INTERVAL BETWEEN ONSET AND DEATH

3 DAYS

DUE TO (b)

SECONDARY BRONCHOPNEUMONIA

7 DAYS

DUE TO (c)

ACUTE INFLUENZA

2 WEEKS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JAN., 2, 1963 to JAN., 17, 1963 and last saw her alive on JAN., 14, 1963
Death occurred at 6:15 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Emmanuel D (Degree or title)

22b. ADDRESS

WARSAW, MO.

22c. DATE SIGNED

1-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
Jan 19, 1963

23c. NAME OF CEMETERY OR CREMATORY
Riverside Cemetery

23d. LOCATION (City, town, or county) (State)
Warsaw Benton Co. Mo

24. FUNERAL DIRECTOR

John F. Reser ADDRESS Warsaw, Mo

25. DATE RECD. BY LOCAL REG.

Jan 19-1963

26. REGISTRAR'S SIGNATURE

Jas. A. Logan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
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9480XC
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1290-2
131-0

JAN 22 1963

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10800
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Reser

Licensed Embalmer No. 40981

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.